

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/582956

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1		1		
3		1		1		
4		3		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9	1	1	1	1		
10	1	1	(1)			
11	2	1	(1)			
12	1	1	(1)			
13	1	1	(1)			
14	1	1	(1)			
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TOTAL IND.			2			
TOTAL DEP.			12			
TOTAL CLAIMS			14			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						